

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/089960 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51									
2							52									
3							53									
4							54									
5							55									
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42							92									
43							93									
44							94									
45																
46																
47																
48																
49																
50							100									
TOTAL IND.	5						TOTAL IND.									
TOTAL DEP.	10						TOTAL DEP.									
TOTAL CLAIMS	15						TOTAL CLAIMS									